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S. 300
5/15/02**IN THE UNITED STATES PATENT AND
TRADEMARK OFFICE**Art Unit 2152
Examiner B. Prieto

In Re: Dan Kikinis
Case: P1541D1
Serial No.: 09/718,595
Filed: 11/21/2000
Subject: Simulcast Web Page Delivery

To the Commissioner of Patent and Trademarks
Washington, D.C. 20231

Dear Sir:

SUPPLEMENTAL AMENDMENT B**In the claims:**

The claims as shown below are in their last-amended form. Those claims amended in this paper are marked (Amended).

- Sub
C2*
- B1*
16. (Amended) A set top box, comprising;
- a broadband receiver to receive, in real time, multimedia information including a displayable data stream constituting data including future programming and at least one command associated with a displayable indicia;
 - tuner/demultiplexer circuitry to separate in real time the displayable data stream from the multimedia information, and to form a display from the displayable data stream, the display formed including the displayable indicia;
 - and
 - user-operable apparatus to select the displayable indicia;

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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In re: Dan Kildinis
Case: P1541D1 Application No.: 09/718,595 Filing date: 11/21/2000
Art Unit: 2152 Examiner: B. Prieto
Subject: Simulcast Web Page Delivery

Certificate of Transmission under 37 CFR 1.8

Attention: B. Prieto, Examiner

Fax No.: (703) 746-5484

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1. Supplemental Amendment B - 11 sheets
2. Amendment Transmittal Form - 1 sheet
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CASE DOCKET NO. P1541D1

In reference to application of Dan Kikinis

Serial No. 09/718,595

For Simulcast Web Page Delivery

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.
☒ Applicant claims Small entity status under 37 CFR 1.27.
☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****

(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	22	Minus	** 22	0	\$ 9	\$ 18	\$ 0.00
Indep Claims	4	Minus	*** 4	0	\$ 42	\$ 84	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month	<input type="checkbox"/> 2nd Month	<input type="checkbox"/> 3rd Month				
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☐ A check in the amount of 0.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.Respectfully Submitted, Donald R. Boys
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